

**Portsmouth Behavioral Healthcare Services (PDBHS) Strategic Plan**  
2021-2023

STRATEGIC PLAN GOALS/STATEMENTS	ACTION STEPS	RESPONSIBLE STAFF	TARGET DATE
<b>Goal 1: PDBHS Dashboard Performance Measures (DPM)</b>			
Statement: PDBHS will meet and maintain the ranking on the efficiency of the DBHDS Statewide DPM.			
1a. All staff will have a working knowledge of the DPM.	<ol style="list-style-type: none"> <li>1. PDBHS will facilitate an all-staff meeting annually that will cover the working knowledge of the DPM.</li> <li>2. PDBHS will develop a DPM matrix with assigned staff, dates, duties, and overall outcomes.</li> </ol>	Director and Assistant Director/QA	Ongoing
1b. All staff will have an orientation to the DPM.	<ol style="list-style-type: none"> <li>1. During NEO, staff will be introduced to the DPM.</li> </ol>	QA	Monthly
Overall Outcome: All staff will be able to review the DPM for the potential to improve, match, or exceed state expectations.			
<b>Goal 2: Person-Centered Services</b>			
Statement: PDBHS will include person-centered values in the delivery of all services			
2a. All staff will participate in annual training on person-centered approaches and demonstrate competency	<ol style="list-style-type: none"> <li>1. All staff will complete annual training on Person-Centered Training (including Relias training and in-person training).</li> </ol>	All Staff	Annual
2b. All Staff will use person-centered training techniques to ensure consumer treatment needs are met.	<ol style="list-style-type: none"> <li>1. Supervisors will review person-centered principles during supervision to ensure that the principles are integrated into all treatment services.</li> </ol>	PDBHS Leadership	Monthly
Overall Outcome: Consumers will be self-directed to engage in natural supports and enhance their ability to rely on their independent living skills to maintain a healthy quality of life.			

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<b>Goal 3: Regulatory Compliance</b>			
<b>Statement: PDBHS will adhere to the regulatory standards set by DBHDS, DMAS, and CARF</b>			
3a. PDBHS will stay aware of all regulatory changes and ensure all service delivery revisions are made within the required timelines.	1. Utilization Administrator, QA (Quality Assurance), and QMC (Quality Management Committee) will monitor and relay all regulatory changes to all staff.	Utilization Administrator, QA QMC, and Leadership	Ongoing
3b. All staff will continue to review compliance and utilization of service delivery	1. Supervisors will complete monthly audits to ensure regulatory standards are being met by the staff.	Utilization Administrator, QA QMC, and Leadership	Monthly
3c. Staff will have a working knowledge of the DOJ (Department of Justice) indicators	1. All new DDS staff will be introduced to the DOJ indicators during their orientation.	DDS Management team	Ongoing
<b>Overall outcome: All staff will be provided the regulatory standards to ensure service delivery measures are matched and/or exceeded.</b>			

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<b>Goal 4: Financial Accountability</b>			
<b>Statement: PDBHS will provide financial understanding to PDBHS leadership that complies with state funding regulations.</b>			
4a. Assign specific account codes for revenues and expenses to align with state funding.	<ol style="list-style-type: none"> <li>1. Fiscal Staff process all revenues and expenses with specific codes set up to align with state funding.</li> <li>2. Fiscal Leadership will train all fiscal staff to the coding for the specific codes.</li> <li>3. Fiscal Leadership will process salaries and benefits to correspond to specific codes and the tasks performed by clinical staff.</li> <li>4. Fiscal Leadership will review the year-to-date budget report daily in the accounting software for correct coding and record any adjustments that need to be made.</li> </ol>	Fiscal Staff	Daily
4b. Train supervisors and fiscal staff on budget procedures and funding regulations	<ol style="list-style-type: none"> <li>1. Fiscal Leadership will set up a spreadsheet for each funding source and update each spreadsheet with expenses to have a continual balance of funds available to be used.</li> <li>2. Fiscal Leadership will train supervisors and fiscal staff to use the budget spreadsheets for available funding.</li> <li>3. Fiscal Leadership communicates with supervisors on expenditures.</li> </ol>	Fiscal Staff	Daily
<b>Overall outcome: Maintain fiscal compliance with state funding regulations, third-party vendors, and appropriate partnerships.</b>			

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<b>Goal 5: Consumer satisfaction</b>			
<b>Statement: PDBHS will most frequently receive 80% consumer satisfaction on services rendered.</b>			
5a. All PDBHS consumers will have the opportunity to be surveyed annually.	1. PDBHS will administer consumer satisfaction surveys to 30% of all consumers at a random sample.	Peer Recovery Specialists	Annual January 31st
5b. PDBHS will provide comment cards for feedback from consumers and support systems.	1. The Director and Assistant Director will review comments from consumers and support systems that are received on the comment cards and address them as needed.	Director and Assistant Director	Annual March 31
<b>Overall outcome: Consumer satisfaction surveys will provide feedback for PDBHS to review and enhance the quality of service.</b>			
<b>Goal 6: Recruitment and retention</b>			
<b>Statement: PDBHS will be competitive with regional entities.</b>			
6a. All staff will be shared opportunities for staff development and growth.	1. Regional and internal training will be provided to all staff as funding is available. 2. PDBHS will participate in providing regional and statewide trainings and initiatives.	Director or Assistant Director	Ongoing
6b. All staff will be notified of all upcoming promotional opportunities.	1. PDBHS will provide clinical supervision for all license-eligible clinicians. 2. Staff will be provided hands-on training to function in supervisor/managerial roles as needed.	PDBHS Leadership	Weekly
<b>Overall outcome: To maintain or increase current staffing levels and to be competitive with other regional providers.</b>			

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<b>Goal 7: CARF compliance</b>			
<b>Statement: Ensure all CARF regulations are followed i.e., building regulations and drills, clinical and medical compliance.</b>			
7a. Building regulations and drills	<ol style="list-style-type: none"> <li>Review original survey of need assessments and set new CARF goals yearly.</li> <li>Ensure all regulatory specifications are reviewed and properly implemented to keep the building in compliance.</li> </ol>	Management Team, Building Maintenance, and Clinical Manager	Ongoing
7b. Adhere to clinical and medical standards	<ol style="list-style-type: none"> <li>Supervisors and Management will complete monthly supervision on risk factors for suicide (that may result in safety plans) and other dangerous behaviors and issues of ethics; legal aspects of clinical practice; and professional standards, including boundaries.</li> <li>Assessment/Screening will include the use of complementary health approaches.</li> <li>Record reviews will expand to address whether risk factors were adequately assessed and resulted in safety plans, when appropriate.</li> </ol>	<ol style="list-style-type: none"> <li>Management Team and QA team</li> <li>Clinical Staff</li> <li>SDA staff and Clinical Manager</li> </ol>	Ongoing
<b>Overall outcome: To receive a 3-year CARF accreditation while providing person-centered and culturally competent services.</b>			
<b>Goal 8: Child and Youth Services</b>			
<b>Statement: PDBHS will expand services to be more inclusive of the family system.</b>			
8a. Increase partnerships with other community stakeholders.	<ol style="list-style-type: none"> <li>PDBHS will develop clinical programming that will increase a behavioral presence in community/recreation centers.</li> <li>PDBHS will apply for a school-based mental health grant through DBHBS to partner with Portsmouth Public Schools.</li> </ol>	<ol style="list-style-type: none"> <li>Director and Assistant Director</li> <li>PDBHS Management Team</li> </ol>	<ol style="list-style-type: none"> <li>June 30, 2022</li> <li>Jan 13, 2022</li> </ol>
<b>Overall Outcome: PDBHS will increase family wellness and cohesion through service intervention.</b>			

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<b>Goal 8: Substance Use Prevention</b>			
Statement: PDBHS will adhere to the regulatory standards set by DBHDS, DMAS, and CARF and expand all SUD programs to be more conducive to the community's needs.			
8a. PDBHS will stay aware of all regulatory changes and ensure all service delivery revisions are made within the required timelines.	Utilization Administrator, QA (Quality Assurance), and QMC (Quality Management Committee) will monitor and relay all regulatory changes to all staff.	Utilization Administrator, QA QMC, and Leadership	Ongoing
8b. Adhere to clinical and medical standards for opioid treatment services	<ol style="list-style-type: none"> <li>1. PDBHS will market opioid prevention services, SUD reduction services, and recovery monitoring services</li> <li>2. PDBHS will provide HIV/AIDS reduction and awareness</li> <li>3. PDBHS will review additional evidence-based programs and training to address the opioid epidemic</li> </ol>	Management Team and QA team, Clinical Staff, and Clinical Managers	<ol style="list-style-type: none"> <li>1. Quarterly</li> <li>2. Ongoing</li> <li>3. 6/1/2022</li> </ol>
Overall outcome: To address the opioid epidemic, minimize opioid use, and provide additional resources to the community.			